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CONFIRMATION NO. 4694

Bib Data Sheet

|  |   |                                    |   |   |                                 |
|--|---|------------------------------------|---|---|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/073,064   | <b>FILING OR 371(c) DATE</b><br>02/12/2002<br><b>RULE</b>   | <b>CLASS</b><br>435                | <b>GROUP ART UNIT</b><br>1642   | <b>ATTORNEY DOCKET NO.</b><br>038602-1324 |                                 |
| <b>APPLICANTS</b><br>Thomas Ciossek, Munich, GERMANY;<br>Axel Ullrich, Portola Valley, CA;<br>Birgit Millauer, Belmont, CA;  |   |                                    |   |   |                                 |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 08/438,265 05/09/1995 PAT 6,361,984<br>which is a CON of 08/368,776 01/03/1995 PAT 6,300,482   |   |                                    |   |   |                                 |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                    |   |   |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/31/2002</b>   |   |                                    |   |   |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>15                 | <b>INDEPENDENT CLAIMS</b><br>11 |
| <b>ADDRESS</b><br>22428  |   |                                    |   |   |                                 |
| <b>TITLE</b><br>METHODS FOR DIAGNOSIS AND TREATMENT OF MDK1 SIGNAL TRANSDUCTION DISORDERS  |   |                                    |   |   |                                 |
| <b>FILING FEE RECEIVED</b><br>1542   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                 |